

Reproductive Health Training

For Primary Providers

A SourceBook
for
Curriculum Development

Module 1 Counseling Clients



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ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
COC	combined oral contraceptive
EC	emergency contraception
FP	family planning
HIV	human immunodeficiency virus
IUD	intrauterine contraceptive device
MAQ	maximizing access to and quality of care
MCH	maternal and child health
MH	maternal health
POP	progestin-only pill
RH	reproductive health
SDP	service delivery point
STI	sexually transmitted infection

INTRODUCTION

This module is part of a set entitled *Reproductive Health Training for Primary Providers: A SourceBook for Curriculum Development*. The *SourceBook* contains a User's Guide and eight modules that trainers, faculty of professional schools and curriculum developers can use as references to develop or revise curricula for training primary providers of client-oriented integrated reproductive health (RH) services. Primary providers are the health care workers who provide the most basic contact between members of the community and the health care system. They include nurses, nurse-midwives, public health nurses, clinical officers/medical assistants and community-based workers. The *SourceBook* emphasizes the jobs of *clinic-based* primary providers, but it can also be used, as is or adapted, to develop curricula for primary providers who offer RH services in *community-based or non-clinical settings*.

The *SourceBook* components have been developed and the content selected based on principles of performance-based training: the knowledge, skills and support the trainee needs to meet performance standards on the job. The training may be for pre-service education or in-service training. The training approach may also vary: structured on-the-job training, group training, self-directed learning activities, or any combination that will best prepare the trainee to perform well on the job. Information on how to use the *SourceBook* to develop a performance-based RH curriculum can be found in the first volume of the *SourceBook*, the User's Guide.

To keep the focus on job performance, specifically, the knowledge and skills required to do a job well, the authors identified the major jobs of primary providers of RH services and then developed a module for each major service component. A list of the eight *SourceBook* modules appears below.¹ This module is highlighted.

Module 1	Counseling clients for family planning/reproductive health services
Module 2	Educating clients and groups about family planning/reproductive health
Module 3	Providing family planning services
Module 4	Providing basic maternal/newborn care services
Module 5	Providing postabortion care services
Module 6	Providing selected ² reproductive health services
Module 7	Working in collaboration with other reproductive health and community workers
Module 8	Organizing and managing a family planning/reproductive health clinic for maximizing access to and quality of care (MAQ)

¹ Other jobs, or modules, may be identified and developed.

² This module features RH topics not covered in the other *SourceBook* modules.

OVERVIEW OF MODULE 1

Module 1 contains the components for developing a curriculum or a curriculum unit on effective interpersonal communication and counseling skills. The module covers basic knowledge, guidelines, skills and process for interpersonal communication and counseling. In addition, the module introduces situations in which trainees must deal with sexuality issues that are often encountered in family planning/reproductive health (FP/RH) service delivery.

This module is intended to be used in conjunction with the clinical skills modules (Modules 3 through 6); therefore content and tools on the skills and processes of counseling are not repeated in **those** modules. During training for **this** module, it is recommended that the trainees practice counseling for FP/RH services that they are already providing so that the emphasis is on improved performance of interpersonal communication and counseling skills rather than on learning new RH content. The trainer can then ensure that trainees continue to apply their improved knowledge and skills as they practice new RH clinical skills that are covered in the other modules.

When developing a performance-based curriculum on counseling clients for FP/RH services, the following resources are essential to use in conjunction with Module 1:

Key Resources (full citations are in the User's Guide and the **References** list at the end of this module):

- *The Implications of Research and Program Experience for Client-Provider Interactions in Family Planning/Reproductive Health Programs* (Murphy EM, Client-Provider Interaction Working Group)
- *Interpersonal Communication/Counseling Workshop Curriculum for Family Planning* (PATH)
- national or local service guidelines

In addition to the Key Resources, the other modules of the *SourceBook* will be useful references when developing a curriculum on counseling clients for FP/RH services.

Mapping Module 1

On the following pages are a series of figures that progressively build the “map” of Module 1 (Figures 1 through 5). The term “map” has a unique meaning in the *SourceBook*. Like a map that shows relationships among cities, rivers and countries, the module map shows how the six components of the *SourceBook* modules relate to one another. The components are:

- the trainee’s JOB (the JOB for Module 1 is “counseling clients”);
- the MAJOR TASKS of the job;
 - the KNOWLEDGE required to perform the job;
 - the SKILLS required to perform the job;
 - KNOWLEDGE ASSESSMENT QUESTIONS; and
 - SKILLS ASSESSMENT TOOLS.

Note that in Figure 1, there are six boxes – five vertical boxes and one horizontal box – each box representing one of the six main components of the module. Since the JOB is the primary component of each module, it appears at the top of the map.

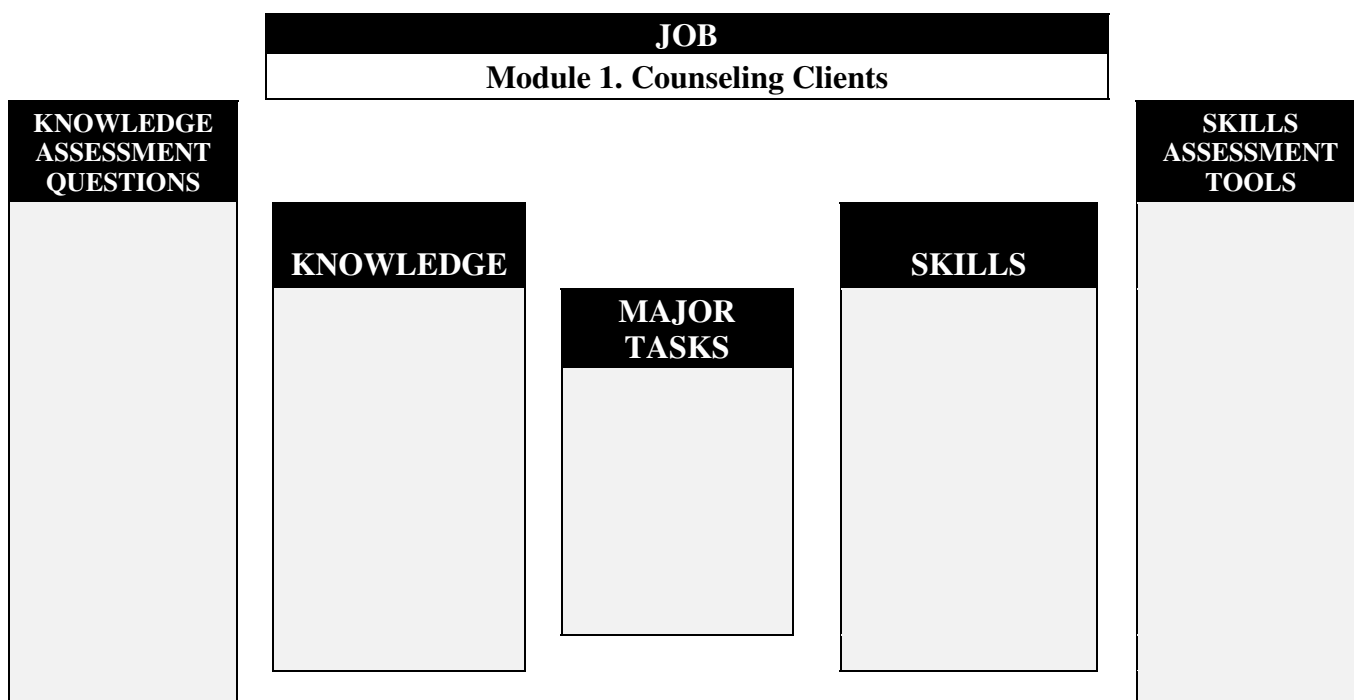


Figure 1
The Module “Map”

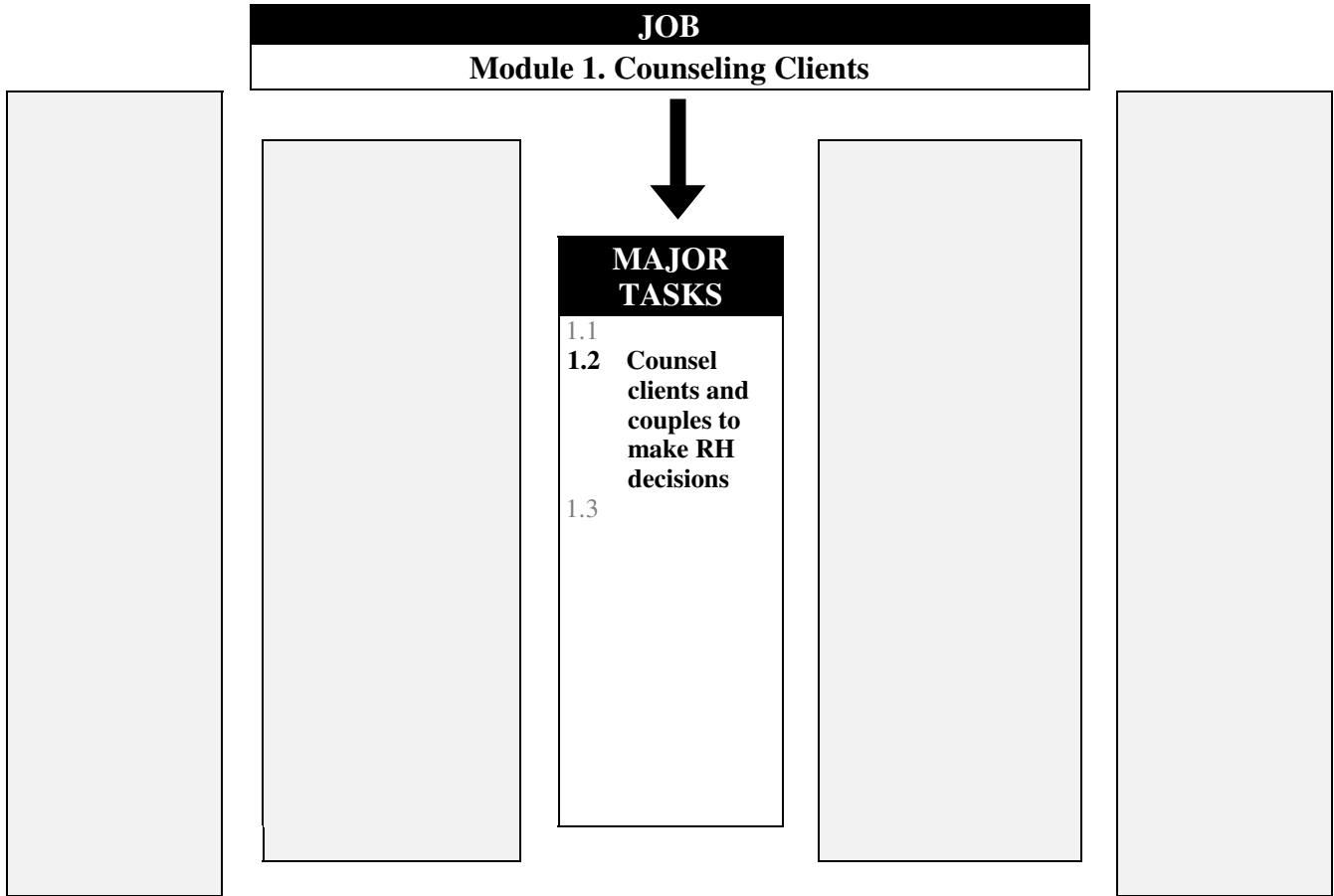


Figure 2
JOB and MAJOR TASKS

Each module in the *SourceBook* is based on one JOB and the MAJOR TASKS which comprise that job. In this module, the JOB, “Counseling Clients,” consists of three MAJOR TASKS. The JOB and the MAJOR TASKS are the central parts of the map. The arrow helps to reinforce the idea that the TASKS flow out of the JOB. One of the three MAJOR TASKS in Module 2, “Counsel clients and couples to make RH decisions,” is featured in Figure 2.

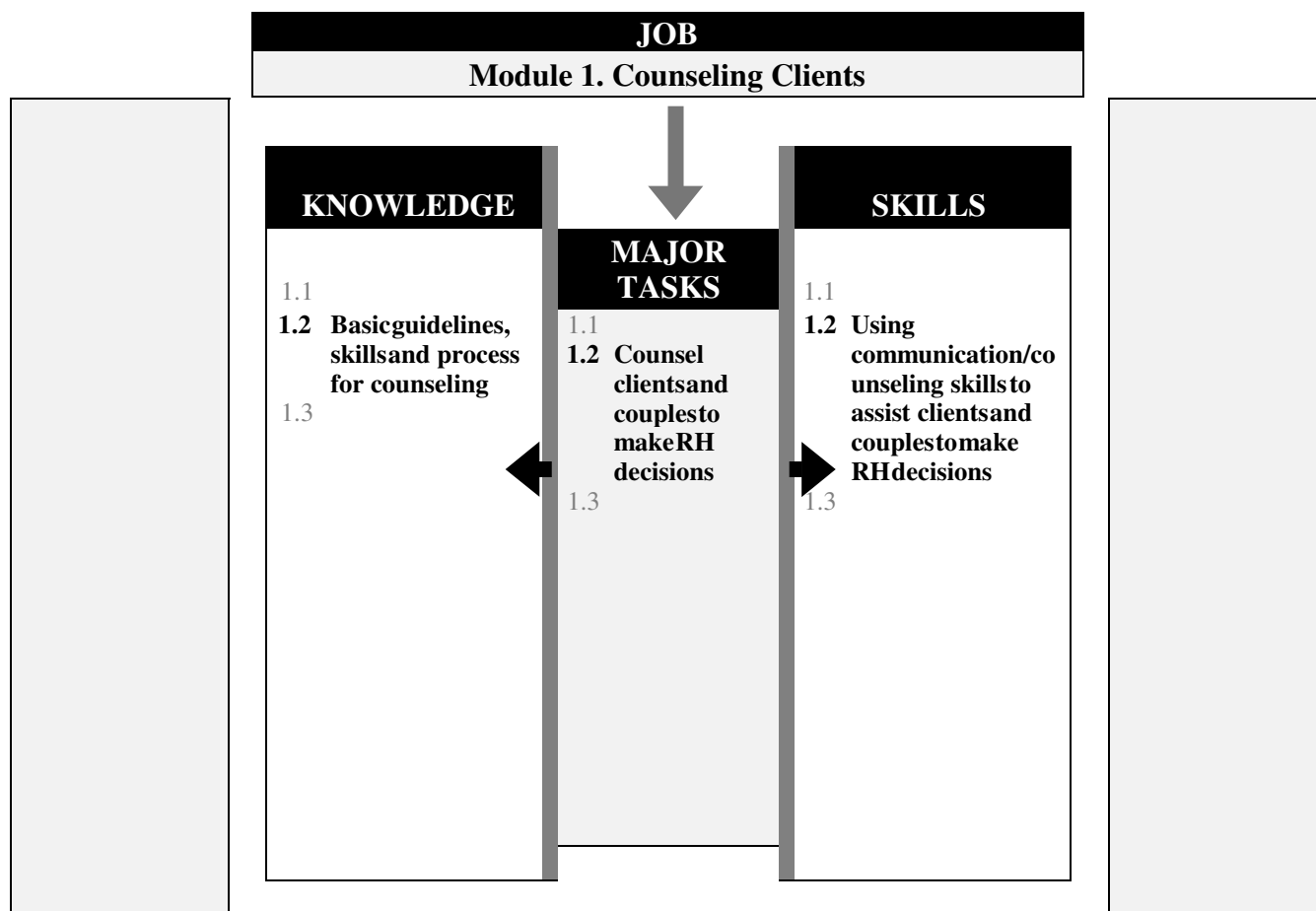


Figure 3
KNOWLEDGE and SKILLS are both required to accomplish the TASKS

Each MAJOR TASK has corresponding KNOWLEDGE and SKILLS components. Figure 3 illustrates that the KNOWLEDGE and the SKILLS components are equally important when mastering the MAJOR TASKS. The module contains a KNOWLEDGE outline that includes only the knowledge required to perform the corresponding MAJOR TASK. In this example, the KNOWLEDGE required to perform the MAJOR TASK of counseling clients and couples to make an RH decision consists of basic guidelines, skills and process for counseling. Likewise, only the skills which make up the MAJOR TASK are detailed in the SKILLS component of the module. In this example, the SKILL that must be practiced is using communication and counseling skills to assist clients and couples to make RH decisions.

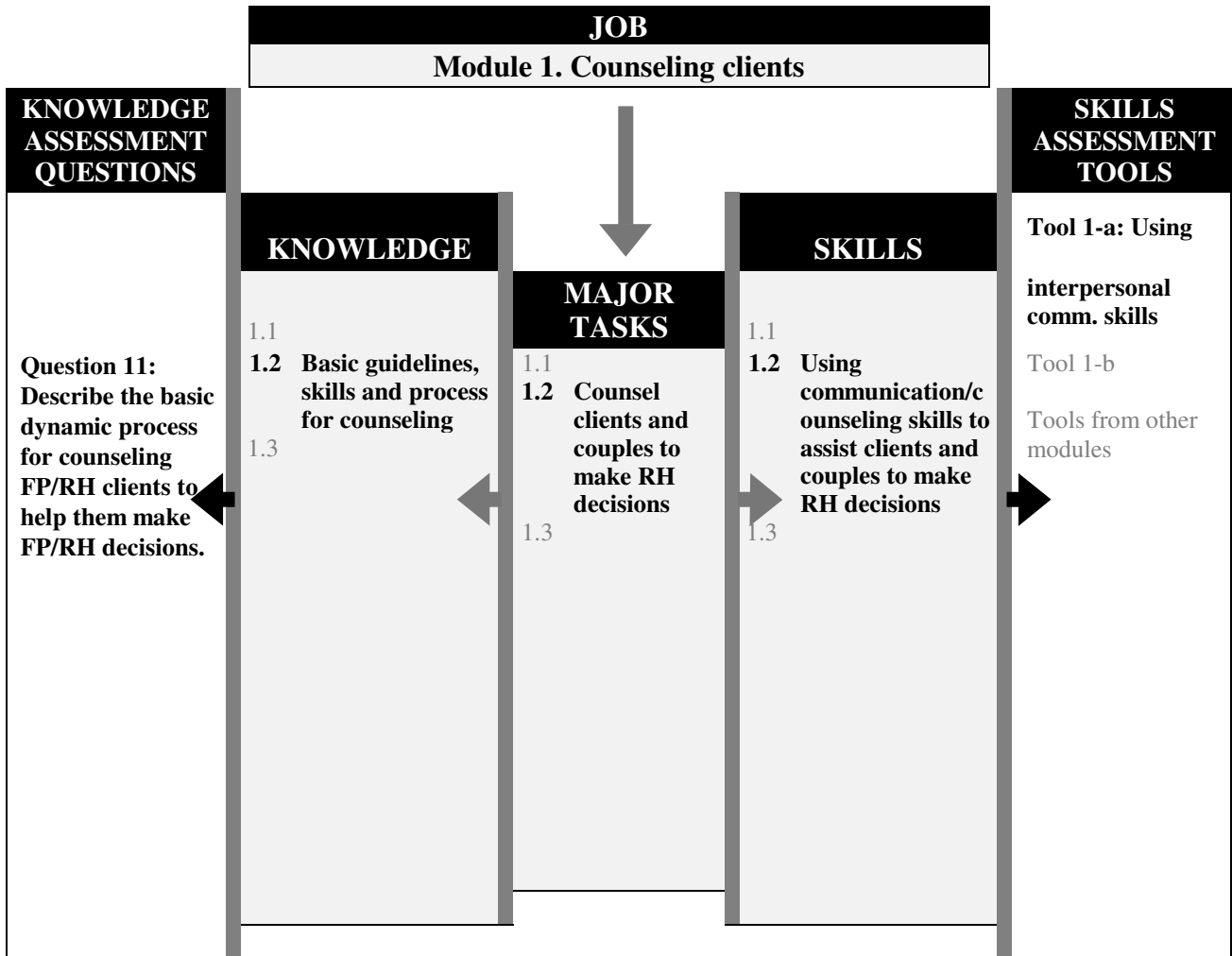


Figure 4
KNOWLEDGE ASSESSMENT QUESTIONS and SKILLS ASSESSMENT TOOLS

To ensure that trainees can adequately perform each MAJOR TASK, the module includes two types of assessment instruments. There are KNOWLEDGE ASSESSMENT QUESTIONS to evaluate the knowledge level of trainees and SKILLS ASSESSMENT TOOLS to evaluate the skills level of trainees (Figure 4). The assessments can be used before, during and at the end of training. They also can be used when the trainee is in her/his job site to assess the trainee's knowledge and performance of new skills on the job.

For a complete map of this module, see Figure 5 on the next page.

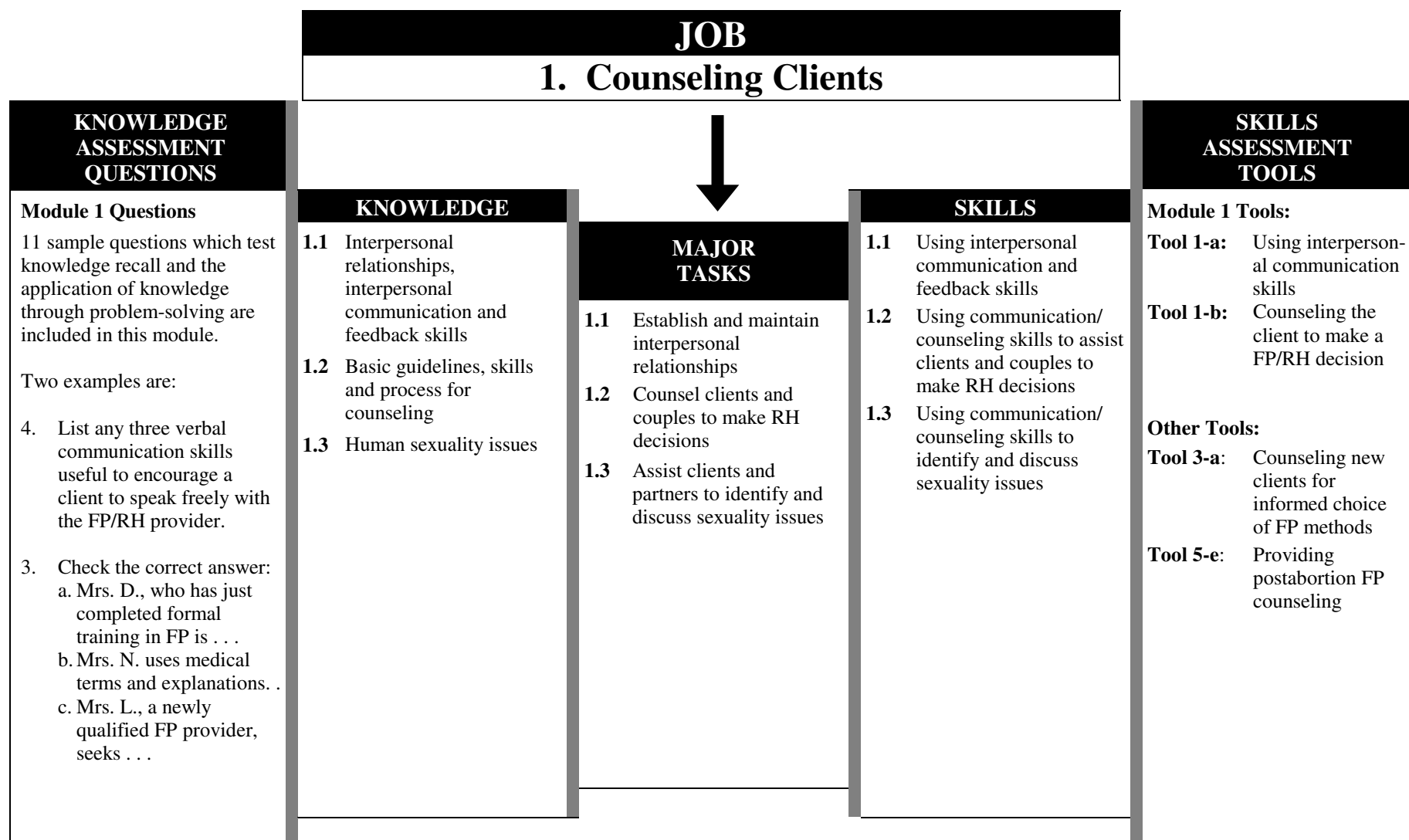


Figure 5: Detailed map of Module 1

COMPONENTS OF THE MODULE

JOB

The overall job covered by this module is to counsel individual clients and couples to help them achieve their reproductive health goals.

MAJOR TASKS

The major tasks which comprise the overall job for this module are to:

- 1.1 Apply effective communication and feedback skills to establish and maintain positive interpersonal relationships during FP/RH counseling and service delivery.
- 1.2 Apply basic guidelines, skills and process for counseling to assist individual clients and couples in making reproductive health decisions according to their age or life-stage needs, their health risk factors, their special life-circumstances and their preferences.
- 1.3 Use counseling skills to assist individual clients and their partners to identify and discuss sexuality issues and how they relate to FP, STI and HIV/AIDS prevention and other RH behaviors and decision-making.

KNOWLEDGE**&****SKILLS**

Each major task consists of a knowledge and a skills component. Below is an outline of the knowledge and a list of the skills necessary to perform the three major tasks which comprise the job of counseling clients for FP/RH services. The knowledge component of each major task is outlined first. Throughout the knowledge section, there are references (in parentheses) to additional sources of information on the subject. These sources may be found in other *SourceBook* modules, as an appendix to this module, or in other references (see **References** at the back of the module for the full citations).

The gray box at the end of each knowledge section contains the list of skill(s) in which the knowledge just outlined is applied. Following each skill, there may be a reference to a skills assessment tool (in parentheses). These tools can be used to guide practice during simulation or practicum and/or assess performance of the skills. Some of the skills assessment tools cited are included in this module; others can be found in other *SourceBook* modules. (Note that each skills assessment tool is identified by a number and a letter. The number indicates the *SourceBook* module where the tool is located.) For skills that do not refer to an assessment tool, there may be a reference to another source of information to assist in the development of a skills assessment tool. (See **References** for the full citation of the sources listed.)

MAJOR TASK 1.1

Apply effective communication and feedback skills to establish and maintain positive interpersonal relationships during FP/RH counseling and service delivery.

KNOWLEDGE**1.1 Interpersonal relationships, communication and feedback skills****1.1.1 Definitions and use during FP/RH service delivery**

- interpersonal relationships, interpersonal communication and feedback skills (see Glossary in User's Guide)
- examples of situations when these skills are useful: interacting with clients, interacting with co-workers while managing the clinic, conducting on-the-job training, interacting with other community health workers and leaders

1.1.2 *Purposes of positive interpersonal relationships in FP/RH services*

- to contribute to client satisfaction, use-effectiveness and continuation with FP methods, other RH regimens/behaviors (e.g., taking a complete course of medication for an STI, partner referral, etc.) and the FP/RH service
- to help clients and FP/RH providers develop mutual respect, cooperation and trust

- to help facilitate appropriate free flow of information between and among FP/RH providers and clients
 - to implement high standards regarding one of the six quality-of-care elements: "interpersonal relations" (see User's Guide)
 - to contribute to the implementation of providers' needs (see Appendix A: Rights of the client and Appendix B: Needs of the provider)
- 1.1.3 *Effects of positive and negative interpersonal relationships on client care, FP/RH service or during training*
- ideas generated by trainer and trainees
- 1.1.4 *Interpersonal communication skills*
- verbal communication skills (using the acronym CLEARRS)
 - Clarification using open-ended or probing questions
 - Listening actively/allowing client to finish speaking
 - Encouragement/praise
 - Accurate reflection and focusing of the discussion according to the client's concerns
 - Repetition/using paraphrasing
 - Responding to client's non-verbal communication
 - Summarizing and ensuring a common understanding of discussion
 - non-verbal communication skills (using the acronym SOLER)
 - Smile/nod at client
 - Open and non-judgmental facial expression
 - Lean towards client
 - Eye contact in a culturally-acceptable manner
 - Relaxed and friendly manner
- 1.1.5 *Factors/actions that enhance positive provider/client relationships in FP/RH services*
- establishing and maintaining privacy and confidentiality of client's personal and medical history
 - helping client feel at ease and respected
 - using effective interpersonal communication skills that will allow free flow of information
 - respecting cultural, religious and other personal beliefs/practices and socio-economic status
 - respecting clients' rights (see Appendix A: Rights of the client and Appendix B: Needs of the provider)
 - assuring that clients receive the services and supplies they need at each visit
 - giving clients or the community an opportunity to share their opinions about the FP/RH service and acting on the feedback

1.1.6 *Factors/actions that enhance positive provider/provider relationships in FP/RH services*

- sharing experiences, knowledge and skills
- updating each other on the expanded RH services being offered
- complimenting each other regarding expertise or assistance given to each other
- functioning effectively regardless of team completeness or incompleteness (playing each other's role)
- respecting each other as individuals
- providing and accepting constructive criticism

1.1.7 *Feedback*

(adapted from Bushardt, Fowler: The Art of Feedback, in Pfeiffer JW (ed): *The 1989 Annual: Developing Human Resources*)

- rules for giving and receiving feedback
 - be sure that your intention is to be helpful
 - check to see if the intended receiver of the feedback is open to it
 - use what, how, where and “I” statements; not why, “you” or other judgmental statements
 - focus only on behavior that can be changed
 - describe a specific behavior instead of generalities
 - ensure that the receiver of the feedback understands the feedback as it was intended
- rules for receiving feedback
 - invite and encourage feedback and questions from clients from the beginning of the session
 - try not to act defensive when receiving feedback
 - summarize your understanding of the feedback that you receive and ask if it is correct
 - seek clarification if you do not understand the feedback that is given
 - listen actively (make eye contact, be attentive, nod, smile as appropriate)
- skills for giving and receiving feedback
 - verbal and non-verbal interpersonal communication skills (see section 1.1.4 above)

SKILLS

- 1.1 Using effective communication and feedback skills to establish and maintain positive interpersonal relationships**
(see Tool 1-a: Using interpersonal communication skills)

MAJOR TASK 1.2

Apply basic guidelines, skills and process for counseling to assist individual clients and couples in making reproductive health decisions according to their age or life-stage needs, their health risk factors, their special life-circumstances and their preferences.

KNOWLEDGE

1.2 Review of basic guidelines, skills and process for counseling FP/RH clients

- 1.2.1 *Definition of terms* (see Glossary in User's Guide)
- meaning of counseling in FP/RH
 - differences between client counseling and client education
 - six elements of quality of care (see User's Guide)
 - clients' rights in family planning services (see Appendix A: Rights of the client and Appendix B: Needs of the provider)
- 1.2.2 *Purposes of counseling in FP/RH services*
- to help clients make decisions related to identified RH issues, risks, problems, services and behaviors (e.g., STIs and HIV/AIDS)
 - to help clients make voluntary informed choices regarding FP methods in the contexts of their own lives and preferences
 - to create positive client/provider interpersonal relationships that build cooperation and trust and facilitate free flow of information
 - to identify priority clients for FP/RH services (refer to national FP/RH service policy guidelines and standards for guidance on identifying priority groups in the FP/RH setting)
 - to implement high standards regarding one of the quality of care elements: "information given to clients" (see Glossary in User's Guide)
 - to implement and adhere to the client's rights as outlined by International Planned Parenthood Federation (IPPF) (see Appendix A: Rights of the client and Appendix B: Needs of the provider)
 - to help clients feel comfortable discussing sexuality issues

- 1.2.3 *Stages of behavior change that help a provider achieve successful client/couple counseling* (adapted from Hatcher et al: *Contraceptive Technology*, 16th rev. ed., pp. 562-564)
- pre-contemplative stage – client has no plan to change; client appears indifferent to or unaware of the need to change
 - contemplative stage – client is aware of a need to change; client has no specific plans or priorities established
 - ready for action stage (also called the “intention stage”) – client has consulted with friends/partner and has established personal goals to change behavior, but has not put into action a specific plan to achieve the goals
 - action stage – client has begun to change; the change is new; the client/couple is working on ways of reaching the goal; the change may be temporary
 - maintenance stage – client consistently demonstrates the changed behavior; the change is sustained (e.g., client has found a way to discuss sensitive sexuality issues with her/his partner whenever necessary; client takes combined oral contraceptives (COCs) correctly every month and gets new supply when needed)
- 1.2.4 *Examples of FP, maternal health (MH), sexually transmitted infections (STIs), HIV/AIDS and other RH cases that will help demonstrate application of the five stages of behavior change discussed above*
- trainers and trainees identify and discuss cases based on their experiences in FP/RH service provision
- 1.2.5 *Guidelines for successful communication with a client/couple using the five stages of behavior change discussed above*
- provide the service initially sought by the client, if appropriate
 - do not describe all FP methods and their characteristics in detail as a routine approach
 - ask if client would like to hear about all or any particular other methods available if client already has a preference or if client has no preferred FP method. Save detail for the one or more method(s) the client might select.
 - listen for opportunities to initiate a discussion of related FP/RH issue(s), e.g., ask FP clients about STI symptoms and protection or ask maternal and child health (MCH) and postabortion clients about FP
 - use counseling skills to determine whether the issue is related to cultural norms, gender/sex roles or myths/misconceptions; if possible, identify the source of the problem or risk with the client/couple
 - use questions to help identify the scope of counseling needed based on the client's stage in the behavior change model (e.g., ready for action: counselor can help client develop a realistic plan to make the behavior change; action stage: counselor can help client to maintain the behavior through praise and discussion of ideas on how to reinforce the behavior)

- be prepared for possible need to hold a series of counseling sessions aiming at providing information that helps client move from current stage of behavioral change to another
- use counseling skills to help the client make a decision (see sections 1.2.6 to 1.2.9 below)

1.2.6 *Factors that influence positive counseling*

- environment in which the counseling is done
 - room/space that ensures visual and auditory privacy, adequate light and ventilation
 - comfortable seating that ensures provider and client are facing each other
 - presence of visual aids/materials, e.g., client records, contraceptives, client education leaflets, local FP service procedure manual, posters, flipchart and/or wall charts
 - time allocation that ensures provider will be free from interruptions from other staff
 - permission from client to include others (e.g., trainees), as necessary
- provider characteristics
 - experience in the effective use of interpersonal communication skills (see section 1.1 above)
 - adherence to policy of client confidentiality
 - demonstration of sensitivity to cultural practices
 - knowledge of FP/RH facts and care
 - age and gender acceptable to client
 - an awareness of own strengths and limitations; willingness to ask for guidance on counseling skills
 - ability to be empathetic and caring
 - honesty and sincerity

1.2.7 *Basic counseling skills include:*

- interpersonal communication skills and feedback skills (see sections 1.1.4 and 1.1.7 above) and
- information-providing skills, such as:
 - providing accurate up-to-date information
 - providing information that is directly related to the identified FP/RH problem, the client's preferred FP method(s) or other services that the client requests
 - providing adequate information so that the client will be able to make and carry out a decision, will be able to follow instructions and then will be prepared for what to expect (e.g., possible side effects) and when to return for follow-up or potential problems
 - using concise, clear, non-technical language

- using visual aids effectively
- asking client to repeat instructions/essential information in her own words to be sure she understands sufficiently to implement the behavior (e.g., how to take COCs, what to do if two or more pills are missed, how to use a condom correctly, how to deal with side effects, how to identify complications)

1.2.8 *Basic dynamic process for counseling FP/RH clients*

- characteristics of the dynamic process:
 - responsive to individual client's life stage and life-situation needs, risks, concerns, preferences and requests
 - a dynamic, flexible interaction with each individual client, rather than a step-by-step formula for all clients
 - initiated when a client comes to the clinic with a request or problem she has identified OR when a problem is discovered during the assessment
 - can be adapted/applied to FP counseling for informed choice (see Tool 3-a: Counseling for informed choice of FP methods), and to other RH needs, problems or requests (see Tool 1-b: Counseling the client to make an FP/RH decision)
- elements of the dynamic process (see Tool 1-b: Counseling the client to make an FP/RH decision) include:
 - establishing and maintaining rapport with the client, using effective interpersonal and counseling skills
 - asking the client about herself to gain an understanding of her life situation and particular FP/RH needs, problems, preferences or requests
OR
identifying the client's particular FP/RH needs, problems, preferences or requests through history-taking (and physical examination if needed)
OR
telling the client that she has a particular FP/RH problem or risk which the provider has determined on the basis of history or physical examination
 - providing information related to the client's FP/RH needs, problems, risks, preferences or requests and ensuring client's understanding of the information provided
 - helping the client make an appropriate decision to address her needs, problems, risks, preferences or requests
 - providing additional specific information and encouragement necessary for the client to implement her decision
 - referring client or providing the FP/RH service that responds to her needs, problems, risks, preferences or requests, and scheduling a return visit, as appropriate

1.2.9 *Situations when the provider initiates and uses counseling skills*

- when client requests advice
- when client states a concern or non-verbally demonstrates concern (e.g., related to sexuality or confusion concerning provider's advice about a client problem)
- when client is choosing an FP method
 - initial method/new client
 - when client wishes to change method
 - when client needs to weigh risks and benefits of an FP method (i.e., risk of pregnancy versus potential side effects of a contraceptive method)
 - when the advantages of choosing certain contraceptive methods seem unrecognized or unknown by client (e.g., condom use by STI or HIV/AIDS client (or at risk of STI or HIV); grand multipara who is using a temporary method, such as combined oral contraceptive pills (COCs) or progestin-only pills (POPs), but who might find a permanent or long-term method meets her needs better)
- when helping a client to deal with side effects of an FP method or when client needs to select the method that matches her reproductive intentions (e.g., spacing) or life stage or life situation (e.g., adolescence, domestic violence) or health risk factor (e.g., STI risk, being under 18 years of age and pregnant)
- when facilitating discussion about sensitive topics, for example:
 - a woman who is hesitant to talk about a sensitive sexual experience (e.g., coercion, rape, incest, domestic violence)
 - an adolescent who would like information about normal sexuality, FP or STI prevention
 - a client who is hesitant to share information about a recent RH problem (e.g., an unsafe abortion; reproductive tract discharge or pain)
- when assisting the client or couple in solving an FP/RH-related problem or clarifying a misconception about FP/RH, for example:
 - an infertile couple jointly accepting responsibility for their infertility
 - a couple with girls understanding that the male determines sex of offspring (one of the main reasons women are beaten in some societies is women are blamed for producing girl babies)
 - an HIV-or STI-infected client who wants information about preventing its spread to a partner, advice on keeping well or referral for care and social services
- when facilitating effective RH care for a client or couple, for example:
 - educating a client on rationale for decision about treatment or action (e.g., emergency surgical intervention for ectopic pregnancy; blood donation for family member who needs surgery; need for referral)
 - following-up with a client who discontinues a course of care or treatment

- recommendation and instructions for emergency contraception (EC) if client/couple had unprotected intercourse and wants to avoid pregnancy

1.2.10 *Priority groups/high risk clients needing to be counseled to make FP/RH decisions*

- pregnant women
- newly-delivered mothers
- women who have just had abortions, abortion complications or miscarriages
- mothers who have had four or more pregnancies
- women who are over 35 years of age
- sexually-active adolescents below 18 years of age, whether married or not
- women with health problems, such as diabetes or heart disease
- individual men or women and couples with STIs or HIV/AIDS
- women who have had a difficult pregnancy or delivery, such as:
 - women who had ante- or postpartum hemorrhage
 - women who were admitted during pregnancy with pregnancy-related illness
- breastfeeding mothers during the first 6 months after delivery
- mothers of sick or underweight babies
- women suffering from domestic violence
- clients with daughters where female circumcision is practiced
- partners of the women listed above
- others, as identified in the national or local FP/RH service guidelines

SKILLS

1.2 **Using interpersonal communication and counseling skills to assist individual clients or couples to make FP/RH decisions**

(see Tool 1-b: Counseling the client to make an FP/RH decision; Tool 3-a: Counseling for informed choice of FP methods; and Tool 5-e: Providing postabortion FP counseling.)

For simulation/role play practice, case situations involving commonly encountered risk factors, issues or problems can be prepared in the areas reflected in the examples below (see possible content in Modules 3 through 6). Case situations involving services that trainees are already providing should be used, so that trainees will be practicing interpersonal communication and counseling skills with clinical content that they already know.

- situations included in section 1.2.9 above
- clients who wish to use FP methods (see Tool 3-a: Counseling for informed choice of FP methods)
- clients who wish to change to another FP method
- pregnant and postpartum women

- women with newborns or young infants
- women who are postabortion (see Tool 5-e: Providing postabortion FP counseling)
- clients at risk or possibly at risk of STIs or HIV/AIDS
- couples with infertility problems
- adolescents or clients who have adolescent children
- preconceptional clients
- victims of domestic violence or sexual coercion
- menopausal women
- clients of other RH services that trainees are already providing

MAJOR TASK 1.3

Use counseling skills to assist individual clients and their partners to identify and discuss sexuality issues and how they relate to FP, STI and HIV/AIDS prevention and other RH behaviors and decision-making.

KNOWLEDGE

1.3 Human sexuality issues often encountered during FP/RH service delivery

1.3.1 *Definition of terms* (see Glossary in User's Guide.)

- sexuality
- gender/sex roles
- cultural norms
- bargaining power

1.3.2 *Interrelated human sexuality issues relevant to good-quality FP/RH service delivery and counseling*

- woman's lack of bargaining power with her partner regarding:
 - when to have sex
 - the number of children to have
 - the decision to initiate and continue FP practice
 - if her husband approves of FP, which method he favors or opposes
 - male use of condom or vasectomy
 - protection from STIs and HIV due to husband's or partner's behavior (i.e., multiple sex partners)
 - treatment for a partner with, or exposed to STIs or HIV/AIDS
 - insisting on sexual monogamy with husband or partner

- potential for violence if client discusses or insists on the right to protect herself from unwanted pregnancy, STI or HIV
- lack of cultural acceptance of female sexuality, for example:
 - woman's need and desire to initiate and have sexual intercourse
 - woman's interest in a satisfying sexual relationship
 - female-initiated discussions regarding lack of libido or enjoyment of sex
- need for RH education for adolescents and clients' adolescent children
- ignorance or fear of discussion concerning the need for sexually active adolescent children to protect themselves against pregnancy, STI and HIV
- sensitivity about female sexuality in relation to female circumcision
- fear of discussion of sexual coercion, incest or rape
- in general, lack of cultural acceptance of women who initiate discussions pertaining to sexuality and FP issues
- other issues identified by trainers and trainees, using FP/RH experiences
- sexuality issues relevant to choice of FP method (e.g., will heavy bleeding interrupt sexual relations? Do clients prefer a coitus-independent method? Can using a condom become a part of foreplay and thus be more acceptable to male?)

1.3.3 *Providers' values and attitudes regarding human sexuality, for example:*

- comfort or discomfort in speaking actual names of reproductive organs and functions
- asking about and discussing the above human sexuality issues with female and male clients
- comfort-level and skills regarding counseling clients of opposite sex, couples, unmarried clients or adolescents

1.3.4 *Implications of FP/RH provider's knowledge, attitudes and comfort-level concerning human sexuality issues (see section 1.3.5 below) as clients' counselor, educator and service provider*

- willingness to ask for more training or to ask someone more appropriate to do such counseling if provider is unwilling or uncomfortable doing so
- other ideas generated and discussed by trainers and trainees

1.3.5 *Hints for discussing sexuality issues with clients*

- learn and use the vocabulary used by a particular age group of client
- be prepared to provide accurate information objectively and comfortably or refer to a more experienced colleague
- observe and respond to questions or concerns the client presents and from non-verbal cues (frowning, looking ashamed or alarmed)

Module 1: Counseling Clients

- use counseling skills to help client explore the issue(s) and make a plan to communicate with partner, invite the partner for couple counseling or alternate strategies for self-protection
- be ready to take more time than usual in client/provider sessions, understanding that the time invested may mean greater client satisfaction and continuation of method (FP and protection against STI and HIV)

SKILLS

- 1.3** **Using communication and counseling skills to identify and discuss sexuality issues that are often encountered with clients during FP/RH service delivery** (see Tool 1-b: Counseling the client to make an FP/RH decision; and section 1.3 above.)

KNOWLEDGE ASSESSMENT QUESTIONS

This component contains 11 sample questions that can be used before or at the end of training to assess whether the trainee has the knowledge necessary to counsel clients for FP/RH services.

There are two types of questions: those which ask the trainee to recall information (for example, questions 4 through 8) and those that require the trainee to solve a problem which they will likely encounter on the job (for example, question 3). These 11 questions do not cover all of the knowledge in Module 1. The trainer can develop additional recall and problem-solving questions to further assess their trainees.

Note that the question numbers do not correspond to the numbered sections of the knowledge outline.

Answers to the Knowledge Assessment Questions follow the last question.

1. Circle T if the statement is TRUE and F if it is FALSE.

The following contribute to the promotion of positive client/provider interpersonal relationships:

- | | |
|---|-----|
| a. Explaining all the FP methods in detail to all new FP clients | T/F |
| b. Closing the door of the counseling session room | T/F |
| c. Explaining at the beginning the steps that will be followed during client/provider session | T/F |
| d. Maintaining culturally acceptable eye contact during client/provider session. | T/F |

2. Check (✓) the correct response(s).

Fostering positive client/provider interpersonal relationships is an important part of:

- | | |
|--|-----|
| a. making FP equipment and supplies available for client care | () |
| b. quality of care | () |
| c. contributing to the client's adoption and continuation of the methods provided, or healthful behaviors. | () |

3. Check (✓) the correct answer.

Which of the following actions contribute to establishing and maintaining good interpersonal relationships in the FP/RH clinic?

- | | |
|---|-----|
| a. Mrs. D., who has just completed formal training in FP, is immediately appointed to replace Mrs. Fupi, an informally trained FP provider. | () |
|---|-----|

Module 1: Counseling Clients

- b. Mrs. N. uses medical FP/RH terms and explanations during counseling of all clients. ()
 - c. Mrs. L., a newly qualified FP provider, seeks opportunities to share updated FP knowledge and practices with her colleagues. ()
4. List any three **verbal communication skills** useful to encourage a client to speak freely with the FP/RH provider:
- a. _____
 - b. _____
 - c. _____
5. List any three **non-verbal communication skills** useful to encourage a client to speak freely with the FP/RH provider:
- a. _____
 - b. _____
 - c. _____
6. a. Define the term "feedback."
- _____
- _____
- b. Why is feedback important in maintaining positive interpersonal relationships?
- _____
- _____
7. a. Define the phrase "counseling a client."
- _____
- _____
- b. How does a "client counseling session" differ from "client education session"?
- _____
- _____

8. In addition to feedback and verbal and non-verbal communication skills, list any two **information-providing skills** that facilitate effective counseling.

a. _____

b. _____

9. Check (✓) the correct response(s). The main purpose(s) of FP/RH counseling are to:

a. make the clients comfortable and relaxed while waiting for and receiving needed services ()

b. help clients make decisions on identified RH issues, risks and problems ()

c. help clients to make an informed choice about FP methods, STI and HIV prevention or other RH risk-reduction measures or behaviors ()

d. explain FP guidelines to both the providers and the clients in a health center ()

e. help identify and refer clients from MCH, abortion and curative services for FP or other appropriate RH services and to refer FP/RH clients to other services, as needed (e.g., STI or HIV diagnosis). ()

10. Circle T if the statement is TRUE and F if it is FALSE.

a. Counseling clients is one way of improving the quality of care T/F

b. Privacy, closeness of client/provider seating and use of visuals during counseling are positive factors for counseling T/F

c. Professional counselors are needed for counseling to be effective in FP/RH services. T/F

11. Describe the basic dynamic process for counseling FP/RH clients to help them make FP/RH decisions.

Answer Sheet to the KNOWLEDGE ASSESSMENT QUESTIONS

Question No. 1 (4 points)

- a. F
- b. T
- c. T
- d. T

Question No. 2 (2 points)

- b.
- c.

Question No. 3 (1 point)

- c.

Question No. 4 (3 points)

Any of the following verbal communication skills are correct, as well as others that the trainer judges correct:

- Clarification using open-ended and probing questions
- Listening actively/allowing client to finish speaking
- Encouragement/praise
- Accurate reflection and focusing of the discussion according to the client's concerns
- Repetition/using paraphrasing
- Responding to client's non-verbal communication
- Summarizing and ensuring a common understanding of discussion

Question No. 5 (3 points)

Any of the following non-verbal communication skills are correct, as well as others that the trainer judges correct:

- Smile/nod at client
- Open and non-judgmental facial expression
- Lean towards client
- Eye contact in a culturally-acceptable manner
- Relaxed and friendly manner

Question No. 6 (2 points)

- a. Any of the following are correct, as well as others that the trainer judges to be correct:
 - Feedback refers to the flow of information from the receiver back to the source (person)/and vice versa on the same topic.
 - Feedback is a way of describing to the other person the specific behavior observed.
 - Feedback is a way of letting the information giver know what the information receiver observed, heard and understood.
- b. Any of the following are correct, as well as others that the trainer judges to be correct:
 - Feedback can help a provider learn how her interpersonal behavior is perceived by clients, co-workers or supervisors
 - Feedback can let the provider know if the client understands important information and instructions regarding an FP method, or other RH decision, and relevant behaviors to be followed.
 - Feedback can help build positive interpersonal relationships between provider/client or between trainer/provider or provider/provider.

Question No. 7 (2 points)

- a. Any of the following are correct, as well as others that the trainer judges to be correct:
 - Counseling means assisting each client to explore an issue, request (i.e., a specific FP method) or a problem in the context of the individual client's life in order for the client to voluntarily make her/his own decision about the issue, request or problem.
 - Counseling is a way of helping a client reconfirm or reconsider a request, identify important issues or problems, jointly discuss their consequences and select a course of action.
- b. Any of the following are correct, as well as others that the trainer judges to be correct:
 - Counseling focuses on helping clients or couples make choices in the context of their individual lives; education focuses on the transfer of information (mostly factual) to individuals, couples or groups independent of their individual needs.
 - Counseling involves two-way communication in helping a client or couple make a decision or a choice; education usually involves one-way communication in giving information to individuals, couples or groups.

Question No. 8 (2 points)

Any of the following information-providing skills are correct, as well as others that the trainer judges to be correct:

- providing accurate, up-to-date information
- providing information that is directly related to the identified FP/RH problem, the client's preferred FP method(s) or other services that the client requests
- providing adequate information so that the client will be able to make and carry out a decision, will be able to follow instructions and then will be prepared for what to expect and when to return for follow-up or potential problems
- using concise, clear, non-technical language
- using visual aids effectively
- asking client to repeat instructions and essential information in her own words to ensure client's comprehension.

Question No. 9 (3 points)

- b.
- c.
- e.

Question No. 10 (3 points)

- a. T
- b. T
- c. F

Question 11

The following points are correct, as well as others that the trainer judges to be correct:

The basic dynamic process for counseling FP/RH clients:

- has the following **characteristics**:
 - is responsive to individual client's life stage and life-situation needs, risks, concerns, preferences and requests
 - is a dynamic, flexible interaction with each individual client, rather than a step-by-step formula for all clients
 - initiated when a client comes to the clinic with a request or problem she has identified OR when a problem is discovered during the assessment
 - can be adapted/applied to FP counseling for informed choice, and to other RH needs, problems or requests
- includes the following **elements**:
 - establishing and maintaining rapport with the client, using effective interpersonal and counseling skills
 - asking the client about herself to gain an understanding of her life situation and particular FP/RH needs, problem or request
OR
identifying the client's particular FP/RH needs, problem or request through history-taking (and physical examination if needed)
OR
telling the client that she has a particular FP/RH problem or risk which the provider has determined on the basis of history or physical examination
 - providing information related to the client's FP/RH needs, problem, risk, preference or request and ensuring client's understanding of the information provided
 - helping the client make an appropriate decision to address her needs, problem or request
 - providing additional specific information and encouragement necessary for the client to implement her decision
 - referring client or providing the FP/RH service that responds to her needs, problem, risk, preference or request, and scheduling a return visit, as appropriate.

10 points

GRAND TOTAL: 35 points
CUT OFF: 24 points (must include correct answer to questions 2, 6 and 7
and all correct elements of question No. 11)

SKILLS ASSESSMENT TOOLS

The following tools can be used to assess trainees' performance when counseling clients for FP/RH services. The assessment tools can be used for pre- or post-training skills assessment, or for assessment of skills performance on the job after training. They may also be used by trainees to guide skills acquisition during training or as a job aid after training. The tools cover many, but not all, of the skills required to counsel clients for FP/RH services. Trainers can create additional tools for other skill areas using the suggested resources below as references.

Module 1 Tools:

Tool 1-a: Using interpersonal communication skills

Tool 1-b: Counseling the client to make an FP/RH decision according to her particular needs

Useful Tools from other Modules:

Tool 3-a: Counseling for informed choice of FP methods

Tool 5-e: Providing postabortion FP counseling

Skills Assessment Tool 1-a

USING INTERPERSONAL COMMUNICATION SKILLS

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19__

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 1-a (continued)

USING INTERPERSONAL COMMUNICATION SKILLS

SKILL	ALWAYS, AS APPROPRIATE 2	SOMETIMES 1	RARELY 0	COMMENTS
Non-verbal communication skills (SOLER)				
a. *Smiles/nods at client				
b. *Open and non-judgmental facial expression				
c. Leans toward client				
d. *Eye contact in a culturally appropriate manner				
e. *Relaxed and friendly manner.				
Verbal communication skills (CLEARRS)				
a. Clarification using open-ended or probing questions				
b. *Listening actively/allowing client to finish speaking				
c. *Encouragement/praise				
d. Accurate reflection and focusing the discussion according to client's concerns				
e. *Repetition/uses paraphrasing				
f. Responding to client's non- verbal communication				
g. *Summarizing and ensuring a common understanding of discussion.				

TOTAL SCORE: 24 points CUT OFF: 16 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 1-b

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Date of Assessment: _ _ _ _ _ Dates of FP/RH Training: From _ _ _ _ _ To _ _ _ _ _ 19__

Site of Assessment: Clinic/Classroom (circle one) _ _ _ _ _

Name of Service Provider: _ _ _ _ _

Training Activity Title: _ _ _ _ _

Name of Assessor: _ _ _ _ _

This tool contains details of the tasks involved in performing this skill. It can be used to assess skills performance *before* training (to determine the trainee's pre-training skills level), *at the end of* training (to determine the trainee's achievement of skills competency) and *after* training at the trainee's worksite (to determine the trainee's ability to perform the skills on the job). It also may be used by the trainer and the trainee *during* training to guide and monitor the progress of skills acquisition or as a job aid *after* training.

Note: Critical tasks are marked with an asterisk (*). A task is considered critical if it is related to the safety and/or effectiveness of the services. The trainee must perform *all* critical tasks consistently during the practicum to be considered competent in the skill.

Instructions for the assessor:

1. When using the tool for assessment:
 - a. begin when the trainee begins to establish rapport with the client.
 - b. continue rating observations throughout the trainee's performance of the tasks using the rating scale.
 - c. observe the quality of the trainee's performance, and put checks in the appropriate spaces on the tool. Intervene only if the trainee omits a critical task or performs a task that compromises the safety or the effectiveness of the services provided.
 - d. write specific comments for the tasks that are not performed according to standards or that are rarely performed by the trainee (when rating of "1" or "0" is marked).
 - e. where the word "OR" is in the task, give a score to only one of the alternatives.
2. When using the tool to guide skills acquisition:
 - a. you may want to give a copy of the tool to the trainee.
 - b. draw attention to the critical tasks before the trainee begins practicing the skills.
 - c. use the same copy of the tool each time the trainee practices the skills, and record the trainee's progress by using different colored pens each time or by drawing lines to divide each column into several sub-columns.
 - d. use the tool as a performance record during discussions of progress with the trainee and emphasize that the purpose of monitoring skills acquisition is to enable the trainee to become competent in the skills, not to fail.

Skills Assessment Tool 1-b (continued)
COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION
SUMMARY OF SCORES ATTAINED

Task	Possible Score	Score Attained	Cut Off Points	No. of Points Above Cut Off	No. of Points Below Cut Off
1. Establishes and maintains rapport with the client, using effective interpersonal and counseling skills.	28		20		
2. Asks the client about herself <i>OR...</i> Takes the client's history (and performs a physical examination if needed) <i>OR ...</i> Tells the client about her identified FP/RH problem.	6		6		
3. Provides information related to the client's FP/RH needs, problem or request and ensures client's understanding of information provided.	18		10		
4. Helps client make an appropriate decision to address her needs, problem, risk, preference or request.	6		4		
5. Provides additional specific information necessary for the client to implement her decision.	8		6		
6. Refers the client <i>OR...</i> provides the needed RH service; and schedules a return visit, as appropriate.	6		4		
TOTAL	72		50		

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 1: Establishes and maintains rapport with the client, using effective interpersonal and counseling skills.

	2	1	0	Comments
1.1 *Provides privacy (visual and auditory).				
1.2 *Uses appropriate introductory technique.				
1.3 Uses and maintains the following communication skills to enhance interaction:				
a. clarifies, using open-ended questions				
b. *listens actively				
c. *uses encouragers such as “Aha!”, and praises client				
d. focuses the discussion according to the client’s concerns				
e. *paraphrases client’s statements				
f. responds to client's non-verbal communication				
g. *summarizes				
h. *smiles or nods at client				
i. *maintains open and non-judgmental facial expression				
j. leans toward client				
k. *maintains culturally appropriate eye contact				
l. *maintains relaxed and friendly manner.				
Note: The communication skills for 1.3 should be assessed throughout the entire set of tasks.				

POSSIBLE SCORE: 28 points CUT OFF: 20 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 2: Asks the client about herself OR takes the client's history (and performs a physical examination if needed) OR tells the client about her identified FP/RH problem.

	2	1	0	Comments
<p>2.1 *Identifies the client's FP/RH needs, problem or request by asking general questions about her life and what provider can do for her</p> <p style="text-align: center;"><i>OR...</i></p> <p>*Identifies the client's FP/RH needs, problem or request by taking the client's history and performing a physical examination, if necessary (see relevant skills assessment tools in Module 3)</p> <p style="text-align: center;"><i>OR...</i></p> <p>*Tells the client about her particular FP/RH problem that has been identified through history or physical examination.</p> <p>2.2 Explains the need to discuss the problem identified:</p> <p>a. *to help the client understand the effect of the problem on her health and the health of the child, if applicable, and</p> <p>b. *to help the client make FP decisions, including selecting an FP method; choosing a long-term or permanent method; continuing the use of a particular method; changing to a more suitable method for client; protecting self against STIs including HIV infection</p> <p style="text-align: center;"><i>OR...</i></p> <p>c. *to seek an RH service related to the problem or health risk factor (such as antenatal care, hospital delivery, postpartum assessment and FP/RH counseling, STI or HIV services).</p>				

POSSIBLE SCORE: 6 points

CUT OFF: 6 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 3: Provides information related to the client's FP/RH needs, problem or request and ensures client's understanding of the information provided.

	2	1	0	Comments
3.1 Explains the effects of the client's needs, risk, problem or request related to herself and, if applicable, the child, her partner and other family members.				
3.2 *Provides accurate information.				
3.3 *Uses non-technical language throughout the session.				
3.4 Uses visual aids interactively with the client.				
3.5 *Explains possible solutions to address the client's needs, risk, problem or request:				
a. need to adopt FP, to consider a different method (including long-term or permanent method) and/or to use condoms against STI and HIV infection				
OR...				
b. need for other RH services such as STI treatment, antenatal care.				
3.6 Encourage client to ask questions or request repetition.				
3.7 *Respectfully asks client to restate the information provided in her own words.				
3.8 Praises client for information she has remembered.				
3.9 *Restates information that has been omitted or misunderstood.				

POSSIBLE SCORE: 18 points

CUT OFF: 10 points (must include skills with asterisks (*))

SCORE ATTAINED: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 4: Helps client make an appropriate decision to address her needs, problem, risk, preference or request.

	2	1	0	Comments
4.1 *Asks the client how she would like to solve the problem or what she has decided.				
4.2 Asks the client why she chose the solution(s) or made the decision.				
4.3 *Helps the client to make an appropriate decision if necessary.				

POSSIBLE SCORE: 6 points

CUT OFF: 4 points (must include skills with asterisks (*))

Score Attained: _____

Task 5: Provides specific additional specific information necessary for the client to implement her decision.

	2	1	0	Comments
5.1 *Explains to the client what steps the provider and client can now take in order to implement the client's decision.				
5.2 *Respectfully asks client to restate the information provided in her own words.				
5.3 Praises client for information she has remembered.				
5.4 *Restates information that has been omitted or misunderstood.				

POSSIBLE SCORE: 8 points

CUT OFF: 6 points (must include skills with asterisks (*))

Score Attained: _____

Skills Assessment Tool 1-b (continued)

COUNSELING THE CLIENT TO MAKE AN FP/RH DECISION

Rating Scale: 2 = Done According to Standards

1 = Done According to Standards After Prompting

0 = Not Done or Done Below Standards Even After Prompting

Task 6: Refers the client OR provides the needed RH service; and schedules a return visit, as appropriate.

	2	1	0	Comments
6.1 Summarizes the client's decision or solution(s) to the problem and steps to be taken for implementation.				
6.2 *Refers the client, thanks her and bids farewell <i>OR...</i> *Continues to the next step for providing the needed FP/RH service for the client.				
6.3 *Schedules a return visit, as appropriate, thanks her and bids farewell.				

POSSIBLE SCORE: 6 points

CUT OFF: 4 points (must include skills with asterisks (*))

Score Attained: _____

APPENDICES

The following two documents contain information fundamental to counseling clients for family planning and reproductive health services.

APPENDIX A: Rights of the Client (International Planned Parenthood Federation)

APPENDIX B: Needs of the Provider (Huezo and Diaz)

APPENDIX A

RIGHTS OF THE CLIENT

International Planned Parenthood Federation

1992

Every family planning (FP) client has the right to:

1. INFORMATION

All members of the community have the right to balanced and accurate FP for themselves and their families. They also have the right to know where and how to obtain more information and services for planning their families.

2. ACCESS

All members of the community have the right to receive services from FP programs, regardless of their social status, economical situation, political belief, ethnic origin, marital status or geographical location. Access includes **freedom** from **barriers** such as policies, standards and practices which are not scientifically justifiable or which represent provider biases.

3. CHOICE

Individuals and couples have the right to decide freely whether or not to practice FP. When providing FP services, clients should be given the freedom to choose which method of contraception to use.

4. SAFETY

FP clients have the right to safety in the practice of FP. Clients have the right to know if FP methods protect against STI and HIV, and the right to risk assessment and counseling. Clients have the right to receive or be referred to other RH services as needed.

5. PRIVACY

When discussing his/her needs or concerns the client has the right to do this in an environment in which she/he feels confident that her/his conversation with the counselor or service provider will not be listened to by other people.

When a client is undergoing a physical examination, it should be carried out in an environment in which her/his right to bodily privacy is respected.

6. CONFIDENTIALITY

The client should be assured that any information she/he provides or any details of the service received will not be communicated to third parties without her/his consent.

7. DIGNITY

FP clients have a right to be treated with courtesy, consideration, attentiveness and with full respect of their dignity regardless of their level of education, social status or any other characteristics which would single them out or make them vulnerable to abuse.

8. COMFORT

Clients have the right to feel comfortable when receiving services. This right of the client is intimately related to adequacy of the service delivery facilities and quality of services.

9. CONTINUITY

Clients have the right to receive contraceptive services and supplies for as long as they need them. Clients have the right to receive or be referred to other RH services as needed.

10. OPINION

Clients have the right to express their views on the services they receive.

Adapted from:

International Planned Parenthood Federation (IPPF): *Rights of the Client* (wall chart). London, IPPF, 1992.

Nyong'o D (ed): Quality Services, Client Satisfaction. *Africa Link* 1994(October):1-40.

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

APPENDIX B

NEEDS OF THE PROVIDER

C. Huezo and S. Diaz

1993

Providers have critical needs also. Below are needs or rights of providers which facilitate their ability to provide services that address clients' rights.

1. TRAINING

To have access to the knowledge and skills needed to perform all the tasks required of them.

2. INFORMATION

To be kept informed on issues related to their duties on a regular basis.

3. INFRASTRUCTURE

To have appropriate physical facilities and organization to provide services at an acceptable level of quality.

4. SUPPLIES

To receive continuous and reliable supplies of the array of methods of contraception and materials required for providing FP services at appropriate standards of quality.

5. GUIDANCE

To receive clear, relevant and objective guidance, and support for making needed changes.

6. BACKUP

To be re-assured that whatever the level of care at which they are working, they will receive support from other individuals or units, to be assigned the number of clients no greater than can be assured the minimal quality of care required.

7. RESPECT

To get recognition for their competence and potential, and respect for their human needs.

8. ENCOURAGEMENT

To be given stimulus in the development of their potential and creativity.

9. FEEDBACK

To receive feedback concerning their competence and attitudes as assessed by others.

10. SELF-EXPRESSION

To express their views concerning the quality and efficiency of the FP program.

Adapted from:

Huezo C, Diaz S: Quality of Care in Family Planning: Clients' Rights and Providers' Needs. *Advances in Contraception* 1993;9:129-139.

REFERENCES

The following list includes the Key Resources for this Module (see page 1-9), references used to develop this module, and other resources that are particularly useful for trainers.

AVSC International: *Education and Counseling: Helping People Make Family Planning Choices* (video). New York, AVSC International, 1992.

Designed to be used as part of a counseling training program for health care providers, this video introduces key concepts about family planning counseling. Running time: 23 minutes. Available in *English* from:

AVSC International
79 Madison Avenue
New York, New York 10016, USA.
Tel: 1-212-561-8000
Fax: 1-212-779-9439
E-mail: info@avsc.org

* AVSC International: *Family Planning Counseling: A Curriculum Prototype Trainer's Manual*. New York, AVSC International, 1995.

Intended for health and family planning workers who want to develop or improve counseling skills. Includes six modules describing the GATHER technique. Also provides a basic overview of family planning methods, HIV and other STDs, male and female reproductive anatomy and physiology along with two fold-out posters. Includes two manuals for participants: a participant's handbook and *Talking with Clients about Family Planning: A Guide for Health Care Providers*. Available in *English* from:

AVSC International
79 Madison Avenue
New York, New York 10016, USA.
Tel: 1-212-561-8000
Fax: 1-212-779-9439
E-mail: info@avsc.org

* These resources are particularly useful for trainers

Module 1: Counseling Clients

Bender DE, Bean C: *Counseling Skills in Family Planning Trainer's Handbook*. Chapel Hill, NC, Carolina Population Center, University of North Carolina at Chapel Hill, 1982.

Designed to provide training on basic family planning counseling skills. Explains the “ReUndA” counseling model to improve skills in relationship-building and communication. Stresses verbal and nonverbal skills needed by the counselor. In **English**. Currently not in print.

Carolina Population Center
University of North Carolina at Chapel Hill
University Square 300A
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-2157
Fax: 1-919-966-6638

Burton RL: Group Process Demystified, in Pfeiffer JW, Goodstein LD (eds): *The 1982 Annual for Facilitators, Trainers, and Consultants*. San Diego, CA, University Associates, Inc., 1982, pp190-197.

Explains a conceptual model that links four aspects of group process according to existing schools of thought: interpersonal relations, group developmental stages, group dynamics and curative/growth factors. The 1982 edition is no longer in print. Current edition available in **English** from:

Jossey-Bass/Pfeiffer
350 Sansome Street, Fifth Floor
San Francisco, California 94104-1342, USA.
Tel: 1- 415-433-1740; toll free (North America): 1-800-274-4434
Fax: 1-415-433-1711
E-mail: lshayer@jbp.com

Bushardt SC, Fowler AR: The Art of Feedback: Providing Constructive Information, in Pfeiffer JW (ed): *The 1989 Annual: Developing Human Resources*. San Diego, CA, University Associates, Inc., 1989, pp 9-16.

Exercise designed to teach the feedback process and its value to members of a generally well-functioning work group by using a handout with the principles of feedback and guidelines for providing feedback. The 1989 edition is no longer in print. Current edition available in **English** from:

Jossey-Bass/Pfeiffer
350 Sansome Street, Fifth Floor
San Francisco, California 94104-1342, USA.
Tel: 1- 415-433-1740; toll free (North America): 1-800-274-4434
Fax: 1-415-433-1711
E-mail: lshayer@jbp.com

Checkner V: Counseling Skills in Midwifery Practice, in Bennett VR, Brown LK (eds): *Myles Textbook for Midwives*. Edinburgh, ELBS/Churchill Livingstone, 1989.

Chapter in basic textbook encompassing obstetrics and neonatal care from the midwife's perspective. Discusses helping strategies and counseling skills as they relate to midwifery practice. Includes guidelines for the provision of bereavement counseling. Twelfth edition available in **English** from:

Churchill Livingstone, Inc.
650 Avenue of the Americas
New York, New York 10011, USA.
Tel: 1-212-206-5000
Fax: 1-212-727-7808

Dixon-Mueller R: The Sexuality Connection in Reproductive Health. *Studies in Family Planning* 1993;24(5):269-282.

Relates sexuality to reproductive health outcomes and suggests that family planning policies and programs address broader spectrum of sexual behaviors and meanings. Notes need to confront male entitlements threatening women's sexual and reproductive health. Also reprinted in Zeidenstein S and Moore K (eds): *Learning About Sexuality: A Practical Beginning*. New York, The Population Council, 1996. Both available in **English** from:

The Population Council
Office of Communications
One Dag Hammarskjold Plaza
New York, New York 10017, USA.
Tel: 1-212-339-0514
Fax: 1-212-755-6052
E-mail: pubinfo@popcouncil.org

Edmands EM, et al: *Dimensions of Counseling in Family Planning*. Chapel Hill, NC, INTRAH, 1988.

Defines counseling, outlines the family planning client's rights and explains the components of counseling. Relates counseling to 14 special issues including breastfeeding, voluntary surgical contraception, infertility and STDs. Available in **English** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

Family Health International: Quality of Care. *Network* 1993;14(August):1-28.

The first section of this issue describes what is meant by quality of care, the improvement of services as a result of the Client-Oriented and Provider-Efficient (COPE) approach, and the steps needed to improve quality. A fourth article explains the need to provide thorough counseling to clients who use Depo Provera®. Available in **English**, **French** and **Spanish** from:

Network
Family Health International (FHI)
P.O. Box 13950
Research Triangle Park, North Carolina 27709, USA.
Tel: 1-919-544-7040
Fax: 1-919-544-7261
E-mail: dcrumpler@fhi.org

Handwerker WP: *Births and Power: Social Change and the Politics of Reproduction*. Boulder, CO, Westview Press, 1990.

Cross-cultural approach to politics of reproduction, addressing such issues as implications of choosing to have large or small families, approaches to reducing high birth rates in developing countries, incidence of teenage pregnancy rates in developed countries, failings of family planning programs, debates over abortion, and effects of AIDS on relationships between women and men. In **English**. Currently not in print.

Hatcher RA, et al: *Contraceptive Technology*, 16th rev. ed. New York, Irvington Publishers, Inc., 1994.

Comprehensive manual for reproductive health care providers that is updated frequently. Provides practical clinical guidelines for reproductive health counseling, contraceptive methods and treatment for reproductive tract infections. Includes guidelines for client education and lists of frequently asked questions. Seventeenth edition available December 1997 in **English** from:

Irvington Publishers, Inc.
Lower Mill Road
North Stratford, New Hampshire 03590, USA.
Tel: 1-603-922-5105
Fax: 1-603-922-3348
E-mail: suzy-g@moose.ncia.net

- * Hatcher RA, et al: *The Essentials of Contraceptive Technology*. Baltimore, Johns Hopkins School of Public Health, Population Information Program, 1997.

Handbook for family planning and reproductive health care providers working in clinics and other health care facilities. Content based on scientific consensus recently developed under auspices of WHO and of USAID collaborating agencies. Chapters cover family planning counseling and methods in addition to sexually transmitted infections (STIs) including HIV/AIDS. Chapters describe effectiveness of family planning methods in terms of likelihood of pregnancy in first year of using method. Includes wall chart. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202-4012, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

Hatcher RA, et al: *Sexual Etiquette 101*. Atlanta, Emory University, 1992.

Booklet developed to provide college students with clear answers to questions on the rules of sexual etiquette, human sexuality, contraception, HIV/AIDS, and STDs. Content is based on Hatcher's *Contraceptive Technology*. Includes phone numbers of health care services on selected university campuses. Available in **English** from:

Bridging the Gap Communications
P.O. Box 33218
Decatur, Georgia 30033, USA.
Tel: 1-404-373-0530
Fax: 1-404-373-0408

- * International Planned Parenthood Federation: *Rights of Clients*. Wall chart, adapted from IPPF *Medical and Service Delivery Guidelines*. London, IPPF, 1992.

Adapted from Chapter 1 of the *Medical and Service Delivery Guidelines*, this wall chart summarizes the rights of every family planning client. These include: information, access, choice, safety, privacy, confidentiality, dignity, comfort, continuity and opinion. Available in **English** from:

International Planned Parenthood Federation (IPPF)
Regent's College, Inner Circle
Regent's Park, London NW1 4NS
United Kingdom.
Tel: 0-71-486-0741
Fax: 0-71-487-7950

* These resources are particularly useful for trainers.

Module 1: Counseling Clients

* Johns Hopkins University/Population Communication Services: *Put Yourself in Her Shoes: Postabortion Family Planning Counseling* (video). Baltimore, JHU/PCS, 1997.

Developed in collaboration with PATH and the Postabortion Care Consortium. Presents stories of four African women who have had abortions and explores their interactions with health care providers after treatment for complications. Focuses on one nurse's growing skills in family planning counseling to prevent repeat abortion and her satisfaction in helping her patients avoid future unplanned pregnancies. Highlights important aspects of the counseling process. Part of a training package that includes a video discussion guide for trainers, a counseling review sheet for providers and a prototype leaflet for clients. Running time: 30 minutes. Available in PAL format in **English** and **French** from:

Media/Materials Clearinghouse
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore, Maryland 21202, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: mmc@jhu.edu

Kinyua M, Nturibi D: *Understanding Family Planning Facts and Misconceptions*. Nairobi, John Snow, Inc., 1992.

Booklet designed as an information tool to help service providers dispel common rumors regarding family planning methods. Provides concise and clear explanations of family planning and family planning counseling as well as descriptions of male and female anatomy and STDs. For further information contact:

Family Planning Private Sector Programme
P.O. Box 46042
Nairobi, Kenya.

Lettenmaier C, Gallen, ME: Why Counseling Counts! *Population Reports* Series J 1987;(36):1-28.

Describes the essentials of counseling including: greeting clients, dealing with clients' feelings, countering false rumors and misinformation, helping clients choose a family planning method and handling problems on the return visit. Also provides AIDS information for family planning clients, family planning for the breastfeeding woman and holding group discussions. Includes charts on the elements of counseling (GATHER method) and family planning methods. Available in **English** from:

Population Information Program (PIP)
Johns Hopkins Center for Communication Programs (CCP)
111 Market Place, Suite 310
Baltimore MD 21202, USA.
Tel: 1-410-659-6300
Fax: 1-410-659-6266
E-mail: PopRepts@welchlink.welch.jhu.edu

* These resources are particularly useful for trainers.

Mtawali G, Brady M: *Tools Used for a Study of FP Counseling in Clinics Providing NORPLANT®*. Nairobi, 1992.

Report of study assessing the quality of counseling services in two family planning centers introducing NORPLANT® in Kenya. Study focuses on three general themes: actual information given to clients; nature and quality of client-provider relationship; and staff attitudes towards NORPLANT® and clients. Appendix includes all questionnaires given to respondents. Unpublished report.

- * Murphy EM, USAID Maximizing Access and Quality (MAQ) Client-Provider Interaction Working Group: Implications of Research and Program Experience for Client-Provider Interactions (CPI) in Family Planning/Reproductive Health Programs, in Technical Guidance Working Group): *Recommendations for Updating Selected Practices in Contraceptive Use, Volume II*. Chapel Hill, INTRAH, 1997.

Emphasizes the importance that both the process of interacting with clients and the information essential for informed choice have on the quality of client-provider interactions (CPI) and on the adoption, effective use, and continuation of modern contraception. Available in **English** from:

INTRAH
University of North Carolina at Chapel Hill
School of Medicine
208 North Columbia Street, CB# 8100
Chapel Hill, North Carolina 27514, USA.
Tel: 1-919-966-5639
Fax: 1-919-966-6816
E-mail: eudy@intrahus.med.unc.edu

- * Program for Appropriate Technology in Health: *Interpersonal Communication/Counseling (IP/C) Workshop Curriculum for Family Planning, STDs, and HIV/AIDS*. Washington, DC, PATH, forthcoming.

Includes current best practices in interpersonal communication and counseling, such as verbal and non-verbal behavior, perceptions and values clarification, effective use of audio-visual aids and addressing rumors and mis-information. Also included is the latest guidance on client-provider interaction (CPI), stressing dynamic interaction with individual clients and exploration of relevant issues such as sexuality, vulnerability to STDs, HIV/AIDS, and domestic violence. Basic theories of communication are integrated with practical applications and exercises. Available in **English** in early 1998 (and later in **Spanish** and **French**) from:

Program for Appropriate Technology in Health (PATH)
1990 M Street, NW, Suite 700
Washington, DC 20036, USA.
Tel: 1-202-822-0033
Fax: 1-202-457-1466
E-mail: info@path-dc.org

* These resources are particularly useful for trainers.

Module 1: Counseling Clients

- * Wells ES: Family Planning Counseling: Meeting Individual Client Needs. *OUTLOOK* 1995;13(1):1-7.

Explores the role of counseling in meeting client needs and suggests elements of effective counseling and counseling training programs. Also included are common client concerns about contraceptives. Describes the impact counseling has made in China and Bangladesh. Available in **English** and **French** from:

Program for Appropriate Technology in Health (PATH)
4 Nickerson Street
Seattle, Washington 98109-1699, USA.
Tel: 1-206-285-3500
Fax: 1-206-285-6619
E-mail: info@path.org

World Health Organization: *Providing an Appropriate Contraceptive Method Choice: What Health Care Workers Need to Know*. Geneva, Monograph WHO/MCH/FPP/93.3.

Developed in collaboration with Program for Appropriate Technology in Health (PATH), the purpose of this booklet is to prepare family planning providers to help their clients choose a contraceptive method. Includes essential information about contraceptive methods, factors influencing the choice of method, and counseling techniques. Limited distribution. Available in **English** from:

World Health Organization (WHO)
Distribution and Sales
CH-1211 Geneva 27
Switzerland.
Tel: (voice) 41-22-791-2476/2477
Fax: 41-22-791-4857
E-mail: publications@who.ch

* These resources are particularly useful for trainers.